

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/082,109</div>	FILING DATE					
							APPLICANT(S)						
<div style="font-size: 1.2em; font-family: cursive;">4-27-04</div>							CLAIMS						
	* ORIGINAL		* AFTER 1st AMENDMENT		* AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3												
TOTAL DEP.	10												
TOTAL CLAIMS	13												

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-74)

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